# UNITED STATES DISTRICT COURT

## DISTRICT OF OREGON

Marilyn Jensen, ir of all others simila	ndividually and on larly situated,	oehalf				
	<b>71</b>	24.	Case No.:	6:21-007	67-MC	
	Plaintif	(s),				
v.			MOTION <i>PRO HAC</i>		VE TO APPI	EAR
Highlevel, LLC,	an Oregon compan	у				
	Defenda	ınt(s).				
Attorne	eyStefan Colem	an	requ	ests special	admission p	ro hac
vice to the Bar	of the United Stat	es District Co	ourt for the Distri	ct of Oregon	in the abov	e-
captioned case	for the purposes of	of representin	g the following p	arty (or part	ies):	
Plaintiff M	arilyn Jensen					
In supp	ort of this applica	tion, I certify	that: 1) I am an a	active memb	er in good s	tanding
with theFl	orida State B	ar; and 2) tha	at I have read and	am familiar	with the Fed	deral
Rules of Evide	nce, the Federal R	ules of Civil	and Criminal Pro	cedure, the	Local Rules	of this
Court, and this Court's Statement of Professionalism.						
I understand that my admission to the Bar of the United States District Court for the						
District of Oregon is solely for the purpose of litigating in the above matter and will be						
	on the conclusion of					
(1)	PERSONAL D	ATA:				
	Name: Colema	.n	Stefan		L.	
	(Last Nar	ne)	(First Name)		(MI)	(Suffix)
	Agency/firm affiliation: Law Offices of Stefan Coleman, P.A.					
	Mailing address: 201 S. Biscayne Blvd, 28th Floor					
	City: Miami		S	tate: FL	Zip: _	33131
	Phone number: <u>(877) 333-9427</u> Fax number: <u>(888) 498-8946</u>					
	Business e-mail address: law@stefancoleman.com					

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(2)	BAR ADMISSION INFORMATION:					
	(a)	State bar admission(s), date(s) of admission, and bar number(s): Florida - 10/9/2006 - Bar #30188				
	(b)	(See attachment for more State Court admissions and District Court admissions)  Other federal court admission(s) and date(s) of admission:  (See attachment)				
(3)	CERT	TIFICATION OF DISCIPLINARY ACTIONS:				
	I am not now, nor have I ever been, subject to any disciplinary action by any state or federal bar association or subject to judicial sanctions.					
	I am now or have been subject to disciplinary action by a state or federal bar association or subject to judicial sanctions. (Attach letter of explanation.)					
(4)	CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE: Pursuant to LR 83-3, I have professional liability insurance, or financial responsibility equivalent to liability insurance, that meets the insurance requirements of the Oregon State Bar for attorneys practicing in this District, and that will apply and remain in force for the duration of the case, including any appeal proceedings.					
(5)	CM/ECF REGISTRATION: I acknowledge that I will become a registered user of the Court's case management and electronic case filing system (CM/ECF) upon approval of this application, and I consent to electronic service pursuant to Fed. R. Civ. P. 5(b)(2)(E) and the Local Rules of the District of Oregon.					
		ney Seeking <i>Pro Hac Vice</i> Admission: I have read and understand the -3, and I certify that the above information is true and correct.				
DATED	):M	ay 19, 2021				
		(Signature)				

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## REQUIREMENT TO ASSOCIATE WITH LOCAL COUNSEL:

LR 83-3(a)(1) requires applicants for *pro hac vice* admission to associate with local counsel, unless requesting a waiver of the requirement under LR 45-1. To request a waiver of the requirement to associate with local counsel under LR 45-1, check the following box: I seek admission for the limited purpose of filing a motion related to a subpoena that this Court did not issue. Pursuant to LR 45-1(b), I request a waiver of the LR 83-3(a)(1) requirement to associate with local counsel and therefore do not include a certification from local counsel with this application. To associate with local counsel, provide the following information about local counsel, and obtain the signature of local counsel. Name: Steinman Susan (Last Name) (First Name) (MI)(Suffix) OSB number: \_\_\_\_106918 Agency/firm affiliation: Mailing address: 9145 Wallace Road NW City: Salem State: OR Zip: 97304 Phone number: (503) 512-9141 Fax number: \_\_\_\_\_ Business e-mail address: steinman.lawoffice@gmail.com CERTIFICATION OF ASSOCIATE LOCAL COUNSEL:

I certify that I am a member in good standing of the bar of this Court, that I have read and

understand the requirements of LR 83-3, and that I will serve as designated local counsel in case

(Signature of Local Counsel)

number 6:21-cv-00767-MC .

DATED: May 19, 2021

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#### Attachment

### **Stefan Coleman State Court and District Court Admissions**

## **State Court Admissions**

Florida Supreme Court 10/9/2006 Bar # 30188 New Jersey State Court 6/1/2009 Bar # 382009 New York State Court 6/23/2009 Bar # 4734091

## **District Court Admissions**

Southern District of Florida 3/15/2010

Middle District of Florida 7/15/2009

Northern District of Florida 7/10/2009

Southern District of New York 7/24/2009

Western District of New York 7/29/2009

New Jersey District Court 6/1/2009

Colorado District Court 7/2/2009

Central District of Illinois 7/30/2009

Northern District of Illinois 7/10/2009

Southern District of Illinois 7/29/2009

Northern District of Texas 8/17/2009

District Court of Nebraska 7/10/2009

Western District of Michigan 7/29/2009

Eastern District of Michigan 4/3/2018

Eastern District of Wisconsin 7/9/2009

Wisconsin Western District Court 6/16/2016